

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

IA ETHICS AND
CAMPAIGN DISCLOSURE BOARD
2009 OCT 27 AM 10:05

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Elect Marsha Mitchell

IMPORTANT: Indicate by # type of committee you are reporting for: 6

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Marsha A. Mitchell

Political Party (if applicable)

Office Sought

Mayor

District (if Senate or House)

FORM DR-2 (Rev. 07/2007)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	_____
Logged in	_____
Scanned	_____
Computer	_____
Audited	_____

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.92A(7) and 68A.401(3), the candidate, for a

Marsha A. Mitchell
SIGNATURE OF PERSON FILING REPORT

641-856-6064
TELEPHONE

10-27-2009
DATE SIGNED

I AM FILING A October 27, 2009
(report date)

REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

11.3.09

County & Local Committees, enter County in
which Election is held

APPANOOSE

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ - 0 -

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

740.00

Schedule F: Loans Received total (Attach Schedule F)

- 0 -

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

- 0 -

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \$ 740.00

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

615.50

Schedule F: Loan Repayments total (Attach Schedule F)

- 0 -

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

124.50

**UNPAID BILLS (From Schedule D - Attach Schedule D)

- 0 -

*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

80.00

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

- 0 -

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES X NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ - 0 -

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reel Form

CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Elect Marsha Mitchell

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
9-8-09	ID# CK#	Ronald Creagan 921 East Cross Centerville, IA 52544		\$ 100.00	<input type="checkbox"/>
9-8-09	ID# CK#	Louise Kennis 316 East Franklin Centerville, IA 52544		50.00	<input type="checkbox"/>
9-11-09	ID# CK#	Tom Demry 19345 Hwy 2 Centerville, IA 52544		50.00	<input type="checkbox"/>
9-11-09	ID# CK#	Steve Hawkins 28433 - 203rd Ave. Cincinnati, IA 52549		50.00	<input type="checkbox"/>
9-16-09	ID# CK#	Rollie and Lucy Reznicek 818 South 17th Street Centerville, IA 52544		40.00	<input type="checkbox"/>
9-16-09	ID# CK#	Bill Buss 402 East Maple Centerville, IA 52544		100.00	<input type="checkbox"/>
9-18-09	ID# CK#	Louise Kennis 316 East Franklin Centerville, IA 52544		50.00	<input type="checkbox"/>
9-29-09	ID# CK#	Diane Buss 402 East Maple Centerville, IA 52544		50.00	<input type="checkbox"/>
9-29-09	ID# CK#	Nancy Huisman 919 Woodland Drive Centerville, IA 52544		50.00	<input type="checkbox"/>
10-9-09	ID# CK#	Ronald Creagan 921 East Cross Centerville, IA 52544		100.00	<input type="checkbox"/>
SUB-TOTAL				\$640.00	
TOTAL (if last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 2
(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONEY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Elect Marsha Mitchell

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10-9-09	ID# CK#	Richard Bratz 1104 East Wall Centerville, IA 52544		\$ 50.00	<input type="checkbox"/>
10-14-09	ID# CK#	Richard Bratz 2045 South 15th St. Centerville, IA 52544		50.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 100.00	
TOTAL (If last page of this schedule)				\$ 740.00	

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Page 2 of 2
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

Refer Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Elect Marsha Mitchell

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10-9-09	ID# CK# 501	Daily Iowegian 105 North Main Centerville, IA 52544	Seven (7) campaign ads, each run once	\$ 386.00
10-26-09	ID# CK# 502	KCOG Radio 402 North 12th St. Centerville, IA 52544	30-second on air ad to run 16 times @ \$5 each time	80.00
10-26-09	ID# CK# 503	Daily Iowegian 105 North Main Centerville, IA 52544	Thank you ad to run one (1) time	32.00
10-26-09	ID# CK# 504	Marsha Mitchell 615 South 18th Street Centerville, IA 52544	Reimbursement for ad run one (1) time	64.00
10-27-09	ID# CK# 505	Arrow Quick Graphics 303 North 13th St. Centerville, IA 52544	500 campaign (one sheet) Flyers	53.50
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$615.50
TOTAL (if last page of this schedule)				\$615.50

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 1 of 1

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Elect Marsha Mitchell

Reset Form

SCHEDULE

E

(Rev. 08/97)

IN-KIND

CONTRIBUTIONS

☐ CHECK THIS BOX IF
AMENDING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
9-23-09	Moe Carter 311 South 19th St. Centerville, IA 52544		Paid for ad which ran once in newspaper	\$ 80.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$
80.00TOTAL (If last
page of this
schedule) \$
80.00

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1
(for Schedule E)